

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

FILED
U.S. DISTRICT COURT
DISTRICT OF NEBRASKA
2017 FEB 16 AM 9:53
OFFICE OF THE CLERK

UNITED STATES DISTRICT COURT

for the

Oleg Churyumov

Plaintiff/Petitioner

v.

DHS, USCIS, Nebraska Service Center and others

Defendant/Respondent

Civil Action No.

8:17 CV 45

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: N/A

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

I am not incarcerated and I am not employed. I have no work permit due to USCIS delay (basis of current complaint). Since my family (wife and child) applied for work permit simultaneously with my application, they also have no work permit [Attachment 1, forms i-797 for the family, receipt notices of work permit application]. Thus, no member of my family have source of income from job.

As a result of unreasonable case delay by USCIS, me and my family were forced to apply for donations to survive and feed our child. Please see details below.

My gross pay or wages are: \$ N/A since no work permit and my take-home pay or wages are: \$ N/A per

(specify pay period) N/A

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Me and my family have got the following financial and non-financial benefits:

When my family came in the US in the 2016, we had a savings from our entrepreneurship in Russia. Our Russian small business was destroyed by Russian government criminals. Thus, we applied in the US for asylum [Attachment 2, Forms i-797, receipt notices of asylum application for all members of the family].

As at now, I have only \$1,625 savings left [Attachment 3, Wells Fargo Bank statement]. This will allow us to live for another 2 months. Due to USCIS unreasonable delays, I realize, that USCIS cannot guarantee that it will follow the law and issue my work permit. Thus, I decided to move my family from the studio to community Open Door Mission Shelter next month [Attachment 4, email from the Shelter about eligibility].

During the last months, I extracted from dumpsters scrap metal (copper) and sold it to the "Scrap Central Inc" (2728 N 85th St, Omaha, NE 68134, phone (402) 393-6620) for about \$100 in total.

My wife has got food from Women, Infants, and Children (WIC) state program as a pregnant woman [Attachment 5, WIC program verification of certification] and food pantries from "Together" charity organization (812 S 24th St, Omaha, NE 68108, phone (402) 345-8047). My wife and a child have got Medicaid as a pregnant woman and child under 18 [Attachment 6, Notice from Nebraska Department of Health and Human Services (DHHS)]. I have got medical financial help for treatment from Catholic Health Initiatives Clinic (Bergan Mercy Medical Center, 7500 Mercy Rd, Omaha, NE 68124, phone (402) 398-6060) [Attachment 7, medical card]. St. Gerald Catholic Church (9602 Q St, Ralston, NE 68127, phone (402) 331-1955) helped us with donation for the rent payment for studio. Since USCIS delayed my work permit, my family have no other source of income.

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4. Amount of money that I have in cash or in a checking or savings account: \$ 1,625 [Attachment 3, bank statement]

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

My wife Kseniia Churiumova has \$384 at her bank checking account [Attachment 8, Wells Fargo Bank statement].

Also she and me have jewelry: wedding rings \$50 each.

On 01/19/2017, I bought a Chevrolet Prizm car of the year 1999 [Attachment 9, car title] at the Insurance Auto Auction (14749 Meredythe Plaza, Springfield, NE 68059, phone 4027332424) for \$600 [Attachment 10, receipt]. Before that, I watched auction results for a months to get working car for cheapest price we can afford. Also, I was not able to get drivers permit for a long time without SSN (lack of SSN is result of USCIS delay with my case) [Attachment 11, letter from Nebraska Department of Motor Vehicles (DMV)]. Before that, I used bicycle to move through all the Omaha until winter and first snow. As at now I do not have it since Walmart kindly agreed to return it to the store due to wheel damage. Also, for transportation I used bicycle of my neighbour Robert Whelan (phone 4023395143, 4024154861). I applied for charity car at "Chariots 4 Hope" (phone 402-516-8301), but charity was restricted [Attachment 12, email from car charity referral].

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

Rent payment, Warrenhouse Properties, \$564 [Attachment 13, my wife's check for February 2017 payment]. We will live there 1 month more until moving to the Shelter.

Internet, Cox Communications, \$62 [Attachment 14, billing statement].

Cell phone network, Cricket Wireless, \$70 [Attachment 15, billing history].

Utilities, OPPD, \$92 [Attachment 16, bill].

Car insurance, Shelter Insurance, \$70 [Attachment 17, evidence of insurance].

Gas for car, Hy Vee gas stations, about \$100 [Attachment 18, weekly receipt].

Food (except of WIC and "Together" food pantries), about \$100. Since USCIS delayed our case, SSN is pending => we are not eligible for Supplemental Nutrition

Assistance Program (SNAP) [Attachment 19, Notice of action from DHHS].

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

Kseniia Churiumova, wife, dob 03/15/1990 (26 years old).

Liudmila Churiumova, child, dob 03/16/2015 (2 years old). As per Nebraska Department of Health and Human Services, they cannot provide help with child care for

Liudmila unless we have work permit. We have not such due to USCIS delay.

My wife Kseniia is pregnant [Attachment 20, Verification of pregnancy], it is her last month of pregnancy. Hence, in the next month our family will have 4 members (2 adults and 2 children). Moreover, it is unlawful for family of 4 members to live in studio room all together. Thus, we have no other choice except of moving to the shelter. Due to USCIS delay with work permit, we cannot afford rent of 1 or 2 bedroom apartments.

We even cannot get a loan for legal services. Thus, I filed present lawsuit Pro Se. E. g. same lawsuit could cost \$2,500 [Attachment 21, lawyer email]. No lawyer agreed to take our case Pro Bono.

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

N/A.

Due to USCIS delay with work permit, my Social security number (SSN) is pending.

As per Social Security Administration, I cannot get SSN until I have work permit.

In turn, as per Wells Fargo Bank, bank cannot form my credit history because credit history is connected to SSN.

Since I have no credit history, I am not eligible to take a credit.

Without SSN and credit history it is very difficult for my family to even find an apartment for rent.

Thus, we all (me, my wife and my daughter) live in small studio room and sleep all together on one bed. Apartment companies refused to rent to us apartment without SSN. We applied for Omaha Housing Authority also, but still waiting for our turn [Attachment 22, email from Housing Authority].

Finally, we will be glad to live without any donations, just working, paying taxes and improving Nebraska economics if USCIS will give me work permit.

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 02/16/2017


Applicant's signature
Oleg Churiumov
Printed name

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Receipt		NOTICE DATE January 02, 2017
CASE TYPE I-765, Application for Employment Authorization		USCIS ALIEN NUMBER A209069241
RECEIPT NUMBER LIN1790283667	RECEIVED DATE December 23, 2016	PAGE 1 of 1
		DATE OF BIRTH January 26, 1986

OLEG CHURYUMOV
9755 MOCKINGBIRD DRIVE APT 38
OMAHA, NE 68127

50 00012914

PAYMENT INFORMATION:

Application/Petition Fee: \$0.00
Biometrics Fee: \$0.00
Total Amount Received: \$0.00
Total Balance Due: \$0.00



NAME AND MAILING ADDRESS

The above case has been received by our office and is in process.

Please verify your personal information listed above and immediately notify the USCIS National Customer Service Center at the phone number listed below if there are any changes.

Please note that if a priority date is printed on this notice, the priority does not reflect earlier retained priority dates.

If you have questions about possible immigration benefits and services, filing information, or USCIS forms, please call the USCIS National Customer Service Center (NCSC) at 1-800-375-5283. If you are hearing impaired, please call the NCSC TDD at 1-800-767-1833. Please also refer to the USCIS website: www.uscis.gov.

If you have any questions or comments regarding this notice or the status of your case, please contact our customer service number.

You will be notified separately about any other case you may have filed.

USCIS Office Address:

USCIS
Nebraska Service Center
P.O. Box 82521
Lincoln, NE 68501-2521

USCIS Customer Service Number:

(800)375-5283



Department of Homeland Security
U.S. Citizenship and Immigration Services

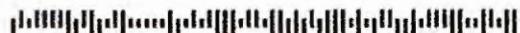
Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Receipt		NOTICE DATE January 02, 2017
CASE TYPE I-765, Application for Employment Authorization		USCIS ALIEN NUMBER A209069242
RECEIPT NUMBER LN1790283666	RECEIVED DATE December 23, 2016	PAGE 1 of 1
		DATE OF BIRTH March 15, 1990

KSENILA CHURIUMOVA
9755 MOCKINGBIRD DRIVE APT 38
OMAHA, NE 68127

50 00012913



PAYMENT INFORMATION:

Application/Petition Fee: \$0.00
Biometrics Fee: \$0.00
Total Amount Received: \$0.00
Total Balance Due: \$0.00

NAME AND MAILING ADDRESS

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USCIS Office Address:

USCIS
Nebraska Service Center
P.O. Box 82521
Lincoln, NE 68501-2521

USCIS Customer Service Number:

(800)375-5283



Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-797C, Notice of Action

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NOTICE TYPE Receipt		NOTICE DATE January 02, 2017	
CASE TYPE I-765, Application for Employment Authorization		USCIS ALIEN NUMBER A209069243	
RECEIPT NUMBER LIN1790283665	RECEIVED DATE December 23, 2016	PAGE 1 of 1	
		DATE OF BIRTH March 16, 2015	

LIUDMILA CHURIUMOVA 9755 MOCKINGBIRD DRIVE APT 38 OMAHA, NE 68127	50 00012912	PAYMENT INFORMATION: Application/Petition Fee: \$0.00 Biometrics Fee: \$0.00 Total Amount Received: \$0.00 Total Balance Due: \$0.00
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NAME AND MAILING ADDRESS

The above case has been received by our office and is in process.


Please verify your personal information listed above and immediately notify the USCIS National Customer Service Center at the phone number listed below if there are any changes.

Please note that if a priority date is printed on this notice, the priority does not reflect earlier retained priority dates.

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If you have any questions or comments regarding this notice or the status of your case, please contact our customer service number.



You will be notified separately about any other case you may have filed.

USCIS Office Address: USCIS Nebraska Service Center P.O. Box 82521 Lincoln, NE 68501-2521	USCIS Customer Service Number: (800)375-5283 
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Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-797C, Notice of Action *Sc*



THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Fingerprint Notification			NOTICE DATE July 27, 2016
CASE TYPE I589 Application For Asylum			USCIS A# A 209 069 241
RECEIPT NUMBER ZCH1600057510	RECEIVED DATE July 19, 2016	PRIORITY DATE July 19, 2016	PAGE 1 of 1
APPLICANT NAME AND MAILING ADDRESS OLEG CHURYUMOV 9755 MOCKINGBIRD DRIVE APT 38 OMAHA NE 68127			
<p>llllllllllllllllllll</p> <p>You have been scheduled to appear at the below USCIS Application Support Center (ASC) to be fingerprinted and photographed (biometrics collection) during the 14-day period specified below. Completion of background identity and security checks is required in order to process your application.</p>			
Address	14-Day Period	Hours of Operation CLOSED ON FEDERAL HOLIDAYS	
USCIS OMAHA 1717 AVENUE H OMAHA NE 681102752	07/30/2016 to 08/13/2016	<p>BIOMETRICS PROCESSING STAMP Sat, Sun Closed Mon - Fri 8am-3pm</p> <p>ASC SITE CODE: <u>XON</u></p> <p>BIOMETRICS QA REVIEW BY: <u>1629</u> ON <u>AUG 10 2016</u></p> <p>TENPRINTS QA REVIEW BY: <u>1629</u> ON <u>AUG 10 2016</u></p>	
<p>Failure to appear as scheduled for fingerprinting and biometrics collection during the 14-Day period may delay eligibility for work authorization and/or result in an asylum officer dismissing your asylum application, and/or referring it to an Immigration Judge.</p> <p>When you appear for fingerprinting and biometrics collection, you MUST BRING THIS LETTER. Even if you are scheduled at the same time as your family members, each individual must bring his or her own notice. If you do not bring this letter, you will not be able to have your fingerprints taken. This may cause a delay in the processing of your application and your eligibility for work authorization. You should also bring photo identification such as a passport, valid driver's license, national ID, military ID, State-issued photo ID, or USCIS-issued photo ID. If you do not have any photo identification, please expect a minor delay, as you will need to be interviewed by a USCIS officer regarding your identity. Note: Asylum applicants are not required to present identification documents in order to have fingerprints and biometrics collected.</p> <p>Please note that the staff at the ASC will not be able to answer any questions about the status of your application. We appreciate your patience during the process.</p> <p>Pursuant to Section 265 of the Immigration and Nationality Act, you are required to notify the USCIS, in writing, of any address changes, within 10 days of such change. If you were placed in removal proceedings before an Immigration Judge, you are also required to notify the Immigration Court having jurisdiction over your case of any change of address within 5 days of such change, on Form EOIR-33. Include your name, signature, address, and USCIS A# on any written notice of change of address. The USCIS will use the last address you provided for all correspondence, and you are responsible for the contents of all USCIS correspondence sent to that address. Failure to provide your current address as required may result in dismissal or referral of your asylum application, institution of removal proceedings, the entry of a removal order in your absence if you fail to appear for a hearing before an immigration judge, and removal from the United States. If you have any questions or comments regarding the status of your application, please contact the office with jurisdiction over your application.</p>			
If you have any questions regarding this notice, please call 1-800-375-5283.		APPLICANT COPY	
			

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-797C, Notice of Action



THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Fingerprint Notification			NOTICE DATE July 27, 2016
CASE TYPE I589 Application For Asylum			USCIS A# A 209 069 242
RECEIPT NUMBER ZCH1600057520	RECEIVED DATE July 19, 2016	PRIORITY DATE July 19, 2016	PAGE 1 of 1
APPLICANT NAME AND MAILING ADDRESS KSENIA CHURIUMOVA 9755 MOCKINGBIRD DRIVE APT 38 OMAHA NE 68127			
			
<p>You have been scheduled to appear at the below USCIS Application Support Center (ASC) to be fingerprinted and photographed (biometrics collection) during the 14-day period specified below. Completion of background identity and security checks is required in order to process your application.</p>			
Address	14-Day Period	Hours of Operation CLOSED ON FEDERAL HOLIDAYS	
USCIS OMAHA 1717 AVENUE H OMAHA NE 681102752	07/30/2016 to 08/13/2016	Sat - Sun Closed Mon - Fri 8am-3pm	
BIOMETRICS PROCESSING STAMP ASC SITE CODE: <u>XOR</u> BIOMETRICS QA REVIEW BY: <u>[Signature]</u> ON <u>08/13/2016</u> TELEPRINTS QA REVIEW BY: <u>[Signature]</u>			
<p>Failure to appear as scheduled for fingerprinting and biometrics collection during the 14-day period may delay eligibility for work authorization and/or result in an asylum officer dismissing your asylum application, and/or referring it to an Immigration Judge.</p>			
<p>When you appear for fingerprinting and biometrics collection, you MUST BRING THIS LETTER. Even if you are scheduled at the same time as your family members, each individual must bring his or her own notice. If you do not bring this letter, you will not be able to have your fingerprints taken. This may cause a delay in the processing of your application and your eligibility for work authorization. You should also bring photo identification such as a passport, valid driver's license, national ID, military ID, State-issued photo ID, or USCIS-issued photo ID. If you do not have any photo identification, please expect a minor delay, as you will need to be interviewed by a USCIS officer regarding your identity. Note: Asylum applicants are not required to present identification documents in order to have fingerprints and biometrics collected.</p>			
<p>Please note that the staff at the ASC will not be able to answer any questions about the status of your application. We appreciate your patience during the process.</p>			
<p>Pursuant to Section 265 of the Immigration and Nationality Act, you are required to notify the USCIS, in writing, of any address changes, within 10 days of such change. If you were placed in removal proceedings before an Immigration Judge, you are also required to notify the Immigration Court having jurisdiction over your case of any change of address within 5 days of such change, on Form EOIR-33. Include your name, signature, address, and USCIS A# on any written notice of change of address. The USCIS will use the last address you provided for all correspondence, and you are responsible for the contents of all USCIS correspondence sent to that address. Failure to provide your current address as required may result in dismissal or referral of your asylum application, institution of removal proceedings, the entry of a removal order in your absence if you fail to appear for a hearing before an immigration judge, and removal from the United States. If you have any questions or comments regarding the status of your application, please contact the office with jurisdiction over your application.</p>			
If you have any questions regarding this notice, please call 1-800-375-5283.		APPLICANT COPY	
			

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-797C, Notice of Action **S9**

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Fingerprint Notification		NOTICE DATE July 27, 2016	
CASE TYPE 1589 Application For Asylum		USCIS A# A 209 069 243	
RECEIPT NUMBER ZCH1600057540	RECEIVED DATE July 19, 2016	PRIORITY DATE July 19, 2016	PAGE 1 of 1
APPLICANT NAME AND MAILING ADDRESS LIUDMILA CHURIUMOVA 9755 MOCKINGBIRD DRIVE APT 38 OMAHA NE 68127			
<p> </p> <p>You have been scheduled to appear at the below USCIS Application Support Center (ASC) to be fingerprinted and photographed (biometrics collection) during the 14-day period specified below. Completion of background identity and security checks is required in order to process your application.</p>			
Address	14-Day Period	Hours of Operation CLOSED ON FEDERAL HOLIDAYS	
USCIS OMAHA 1717 AVENUE H OMAHA NE 681102752	07/30/2016 to 08/13/2016	<p>Sat - Sun, Closed Mon - Fri 8am - 3pm</p> <p>BIOMETRICS PROCESSING STAMP</p> <p>ASC SITE CODE: XOA</p> <p>BIOMETRICS QA REVIEW BY: AUG 10 2016</p> <p>58139 ON</p> <p>TENPRINTS QA REVIEW BY: _____</p> <p>ON _____</p>	
<p>Failure to appear as scheduled for fingerprinting and biometrics collection during the 14-Day period may delay eligibility for work authorization and/or result in an asylum officer dismissing your asylum application, and/or referring it to an Immigration Judge.</p> <p>When you appear for fingerprinting and biometrics collection, you MUST BRING THIS LETTER. Even if you are scheduled at the same time as your family members, each individual must bring his or her own notice. If you do not bring this letter, you will not be able to have your fingerprints taken. This may cause a delay in the processing of your application and your eligibility for work authorization. You should also bring photo identification such as a passport, valid driver's license, national ID, military ID, State-issued photo ID, or USCIS-issued photo ID. If you do not have any photo identification, please expect a minor delay, as you will need to be interviewed by a USCIS officer regarding your identity. Note: Asylum applicants are not required to present identification documents in order to have fingerprints and biometrics collected.</p> <p>Please note that the staff at the ASC will not be able to answer any questions about the status of your application. We appreciate your patience during the process.</p> <p>Pursuant to Section 265 of the Immigration and Nationality Act, you are required to notify the USCIS, in writing, of any address changes, within 10 days of such change. If you were placed in removal proceedings before an Immigration Judge, you are also required to notify the Immigration Court having jurisdiction over your case of any change of address within 5 days of such change, on Form EOIR-33. Include your name, signature, address, and USCIS A# on any written notice of change of address. The USCIS will use the last address you provided for all correspondence, and you are responsible for the contents of all USCIS correspondence sent to that address. Failure to provide your current address as required may result in dismissal or referral of your asylum application, institution of removal proceedings, the entry of a removal order in your absence if you fail to appear for a hearing before an immigration judge, and removal from the United States. If you have any questions or comments regarding the status of your application, please contact the office with jurisdiction over your application.</p>			
If you have any questions regarding this notice, please call 1-800-375-5283.		APPLICANT COPY	
			

WELLS FARGO**EVERYDAY CHECKING**

...9681

\$1,625.10

Available balance

Activity Summary

Current posted balance

\$1,625.10

Pending withdrawals/debits

\$0.00

Pending deposits/credits

\$0.00

Available balance**\$1,625.10**

Monthly Service Fee Summary

Activity

Use Search to view more transactions

Date Description**Deposits/Credits Withdrawals/Debits****Pending Transactions** *Note: Debit card transaction amounts may change.*

No pending transactions to view.

Posted Transactions

02/10/17	PURCHASE AUTHORIZED ON 02/10 WESTGATE HIGH TE OMAHA NE P00307041755106114 CARD 4421	\$1.10
02/10/17	PURCHASE AUTHORIZED ON 02/10 SCOOTER'S COFFEE # OMAHA NE S307041065311027 CARD 4421	\$2.14
02/10/17	RECURRING PAYMENT AUTHORIZED ON 02/10 CRICKET WIRELESS 855-246-2461 FL S307040515292246 CARD 4421	\$65.00
02/07/17	PURCHASE AUTHORIZED ON 02/07 GOOGLE *SERVICES g.co/payhelp# CA S467037791134034 CARD 4421	\$10.00
02/03/17	PURCHASE AUTHORIZED ON 02/02 GOOGLE *YouTube Vi g.co/payhelp# CA S307032143966611 CARD 4421	\$2.99

Attachment 3 for Waiving fee form

Date	Description	Deposits/Credits	Withdrawals/Debits
01/25/17	RECURRING PAYMENT AUTHORIZED ON 01/23 CODECADEMY 877-887-7815 NY S387024129965305 CARD 4421		\$19.99
01/23/17	RECURRING PAYMENT AUTHORIZED ON 01/20 GOOGLE *YouTube Re 855-492-5538 CA S467020576235244 CARD 4421		\$9.99
01/17/17	RECURRING PAYMENT AUTHORIZED ON 01/13 GOOGLE *Google Sto 855-492-5538 CA S387013046636324 CARD 4421		\$1.99
01/10/17	RECURRING PAYMENT AUTHORIZED ON 01/09 CRICKET WIRELESS 855-246-2461 FL S307009439629059 CARD 4421		\$65.00
01/03/17	CHECK # 98		\$564.00
12/27/16	PURCHASE AUTHORIZED ON 12/24 LIRNYTICKETS JAMAICA NY S586359696394918 CARD 4421		\$11.50
12/27/16	RECURRING PAYMENT AUTHORIZED ON 12/23 CODECADEMY 877-887-7815 NY S466359129678532 CARD 4421		\$19.99
12/21/16	RECURRING PAYMENT AUTHORIZED ON 12/20 GOOGLE *YouTube Re 855-492-5538 CA S306355576231326 CARD 4421		\$9.99
12/14/16	RECURRING PAYMENT AUTHORIZED ON 12/13 GOOGLE *Google Sto 855-492-5538 CA S386348046508697 CARD 4421		\$1.99
12/12/16	PURCHASE AUTHORIZED ON 12/10 DELTA AIR 006236 DELTA.COM CA S306345805529707 CARD 4421		\$237.10
12/12/16	RECURRING PAYMENT AUTHORIZED ON 12/10 CRICKET WIRELESS 855-246-2461 FL S386344455569466 CARD 4421		\$65.00
12/05/16	CHECK # 97		\$564.00
11/25/16	PURCHASE AUTHORIZED ON 11/23 CODECADEMY PRO WWW.CODECADEM NY S306329093433031 CARD 4421		\$19.99
11/21/16	RECURRING PAYMENT AUTHORIZED ON 11/19 CRICKET WIRELESS 855-246-2461 FL S386323652300246 CARD 4421		\$10.00
Totals		\$0.00	\$1,681.76

View more account history through Statements & Documents.

*Account Disclosures

Deposit products offered by Wells Fargo Bank, N.A. Member FDIC.

 Equal Housing Lender

2/15/2017

Gmail - (no subject)



Oleg <oleg.churyumov@gmail.com>

(no subject)

3 messages

Oleg <oleg.churyumov@gmail.com>

Mon, Jan 30, 2017 at 8:58 PM

To: melson@opendoormission.org

Dear Ronda

Our family (Oleg Churyumov, Kseniia and Liudmila) today applied for help with room from your organisation.

Thanks a lot for all the information you provided and for help with the application.

I am sorry, but I highlighted not accurate amount at my Wells Fargo account. As at now it should be about \$1500 (not \$1000).

Could you please tell, in that circumstances can we still be eligible for the program?

Best regards,
Oleg

Ronda N <melson@opendoormission.org>

Mon, Jan 30, 2017 at 11:03 PM

To: Oleg <oleg.churyumov@gmail.com>

You are eligible, even if you had more in savngs. I will when a room opens up. We look forward to serving your family.

[Quoted text hidden]

Ronda Nelson**Housing Admissions Director**

Office: 402-829-1545

Fax:

Mobile:

E-mail: rnelson@opendoormission.orgwww.opendoormission.org**HUNGRY FOR****FOOD 17*****Hungry for New Life™***

Become an advocate



Stay Connected with Open Door Mission...

Sign up for e-communications

Oleg <oleg.churyumov@gmail.com>

Tue, Jan 31, 2017 at 8:31 AM

To: Ronda N <melson@opendoormission.org>

Dear Ronda

Thanks a lot to you for your response.

Ok then, we will be waiting.

Best regards

Oleg

Best regards,

2/15/2017

Gmail - (no subject)

Oleg

[Quoted text hidden]

Attachment 5 for Waiving Fee Form



WIC Program Verification of Certification

Participant Name: Liudmila Churumova Person ID#: 333826
 Category at Cert: C - Child Participant DOB: 03/16/2015
 Certification Dates: 06/21/2016 to 11/30/2016 Priority: 3
 Income Determination Date: 06/21/2016
 Height (Inches): 30 Measured: 06/21/2016
 Weight (lbs): 21 Measured: 06/21/2016
 Hemoglobin: 9.900 Measured: 06/21/2016
 Hematocrit: N/A Measured: N/A

Recorded	USDA Code	Reason	Priority
06/21/2016	201	Low Hemoglobin / Low Hematocrit	3

Month Food Benefits Issued	First Date To Use	Last Date to Use
11/2016	11/01/2016	11/30/2016
10/2016	10/01/2016	10/31/2016
09/2016	09/01/2016	09/30/2016

From Information

DOUGLAS COUNTY - MIDTOWNE
 1941 S 42ND STREET
 OMAHA, NE 68105
 (402) 444-4082

Chs
 Signature & Title of Local Agency Staff

9-2-16
 Date



WIC Program Verification of Certification

Current Certification as of 9/2/2016

Participant Name:	Kseniia Churiumova	Person ID#:	333824
Category at Cert:	P - Pregnant	Participant DOB:	03/15/1990
Certification Dates:	09/02/2016 to 04/30/2017	Priority:	4
Income Determination Date:	09/02/2016		
Height (Inches):	64-2/4	Measured:	09/02/2016
Weight (lbs):	128-1/4	Measured:	09/02/2016
Hemoglobin:	12.100	Measured:	09/02/2016
Hematocrit:	N/A	Measured:	N/A

Recorded	USDA Code	Reason	Priority
09/02/2016	401	Failure to Meet Dietary Guidelines for Americans	4

Month Food Benefits Issued	First Date To Use	Last Date to Use
11/2016	11/01/2016	11/30/2016
10/2016	10/01/2016	10/31/2016
09/2016	09/02/2016	09/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 85801
LINCOLN, NE 68501-9884

Case Number: - 669688
Case Name: - KSENIIA CHURIUMOVA
CONTACT: - Medicaid
Fax Number: - (402) 471-9209
Notice Date: - 02-08-2017
Mail Date - 02-08-2017

LIUDMILA CHURIUMOVA
9755 MOCKINGBIRD DR APT 38
OMAHA, NE 68127

NOTICE OF ACTION

Medicaid

Approval

The following individual(s) are approved for medical coverage effective 06-01-2016.

<u>Individual</u>	<u>Status</u>	<u>Medicaid Number</u>
LIUDMILA CHURIUMOVA	Eligible	02764039302

If you applied through the Federal Marketplace your application was sent to Nebraska DHHS for a Medicaid eligibility determination. The Medicaid eligibility determination for the individuals noted has been communicated to the Federal Marketplace. If further information is needed you will be contacted.

If you have not previously received a permanent Medicaid ID card, you will receive a card within the next week. Please keep this card. You must show this card to all providers when getting medical/dental care. If you are required to participate in managed care, you will be contacted with more information.

Approval

The following individual(s) are approved for medical coverage effective 09-01-2016.

<u>Individual</u>	<u>Status</u>	<u>Medicaid Number</u>
KSENIIA CHURIUMOVA	Eligible	02764039301

If you applied through the Federal Marketplace your application was sent to Nebraska DHHS for a Medicaid eligibility determination. The Medicaid eligibility determination for the individuals noted has been communicated to the Federal Marketplace. If further information is needed you will be contacted.

If you have not previously received a permanent Medicaid ID card, you will receive a card within the next week. Please keep this card. You must show this card to all providers when getting

See Reverse

medical/dental care. If you are required to participate in managed care, you will be contacted with more information.

599 Childrens Health Insurance Program (599 CHIP)

Closed

Your benefits will end effective 3-2017

Individual

UNBORN CHURIUMOVA

Status

Ineligible

Reason

Reason Found Below or in
Comment Section

If you applied through the Federal Marketplace your application was sent to Nebraska DHHS for a Medicaid eligibility determination. The Medicaid eligibility determination for the individuals noted has been communicated to the Federal Marketplace. If further information is needed you will be contacted.

Comments

Luidmila has been approved for Medicaid as of 06/01/2016. Next Medicaid renewal is 05/31/2017.

Ksenia's was approved for Medicaid as a pregnant woman as of 09/01/2016.

Nebraska Medicaid Eligibility
Toll Free: (855)632-7633
Lincoln: (402)473-7000
Omaha: (402)595-1178

Go online:
ACCESSNebraska.ne.gov

Federal Health Insurance Marketplace
Go online: Healthcare.gov
Customer Service Center: (800)318-2596

YOUR RESPONSIBILITIES

If you are eligible for assistance, you must provide complete and accurate information and notify DHHS of any changes in circumstances for you or another household member that may affect eligibility. You must report such things as changes in income or expenses, employment status, resources or other financial matters, disability status, the composition of the household, change in living arrangements, or address. You must notify DHHS if you plan to be absent from your home for 30 days or more, ask DHHS or your medical provider about covered medical services, show your current medical card to medical providers before obtaining services, inform the medical provider of any health insurance coverage you or anyone in your household may have, pay the cost of all unauthorized medical expenses, pay any medical co-payments, and pay any child care fees. For SNAP, households assigned to the Simplified Reporting category are required to report when the household's gross monthly income exceeds the maximum monthly income limit for the household size. If your household includes an Able Bodied Adult Without Dependents (ABAWD) who is working or volunteering, you must report if the ABAWD's work or volunteer hours drop below 20 hours per week averaged over a four week period.

You have the responsibility to report the changes by mail, telephone or in person no later than ten days following the change, except that for SNAP households assigned to Simplified Reporting, you must report changes no later than 10 days from the end of the calendar month in which the change occurred. See the reverse side of this notice for the telephone number to call.

YOUR RIGHTS

CIVIL RIGHTS: This institution is prohibited from discrimination on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

RIGHT TO A CONFERENCE: You have the right to request a conference with DHHS to discuss the reason(s) for the action(s) indicated on this form. To request a conference, you may call, write, or visit the DHHS office serving your area. A request for a conference will not delay or replace any request for a Fair Hearing as noted in the 'Rights to Appeal' section on this page. If you have questions about your application, payment, services, eligibility, or medical assistance please call DHHS.

RIGHT TO NOTICE OF ACTION: You must be given adequate notice of any action(s) affecting your benefits. "Adequate" means the notice must include a statement of what action(s) the DHHS office intends to take, the reason(s) for the intended action(s), and for certain programs, the specific state regulation(s) that require the action(s) to be taken.

In cases of intended adverse action (action to terminate or reduce benefits, or to change the manner or form of payment or service to a more restrictive method) you must receive adequate and timely notice. "Timely" means the notice is mailed at least ten calendar days before the date the action would become effective. For financial assistance or medical services this is always the first day of the month. For block grant services it can be any day of the month. In certain circumstances, DHHS may dispense with timely notice but shall send adequate notice by the effective date of the action. DHHS can explain these situations to you. These situations include when DHHS office obtains facts indicating your assistance should be stopped, suspended, terminated or reduced because of probable fraud, and where possible, such facts have been verified. Notice of such action is considered timely if it is mailed at least five days before the action would become effective. For SNAP, notice of such action is considered timely if it is received by the date the household would have received its allotment.

RIGHTS TO APPEAL

You have the right to appeal for a hearing on any agency action or inaction on your application for receipt of SNAP, block grant services, medical services, or financial assistance. You may appeal because your application is denied or is not acted on with reasonable promptness, your assistance is suspended, reduced, or terminated, your form of payment or service is changed to a more restrictive method, or because you feel the DHHS office action was taken erroneously. A hearing will not be granted when state or federal law requires automatic case adjustments unless the reason for the appeal is that your eligibility was determined incorrectly.

If you requested assistance from the Department of Health and Human Services under the Emergency Assistance or Crisis Energy Programs and you disagree with the action taken by the DHHS office, then you may appeal our action or inaction and the agency will provide an expedited hearing and decision. You may ask DHHS for more information regarding an expedited appeal. You (or your representative) have 90 days following the date of this notice to request a fair hearing.

In cases of intended adverse action, (suspension, reduction, or termination) where DHHS is required to send you timely and adequate notice, if you request an appeal hearing within ten days following the date on this notice, DHHS will not carry out the adverse action until a fair hearing decision is made, unless you request assistance not be continued. This does not apply to situations where DHHS may dispense with timely notice and is only required to have adequate notice. This does not prevent DHHS from continuing other case activities and implementing changes to your assistance case not directly related to the appeal issue.

If after the hearing, the action taken by the DHHS office is found to be correct, the amount of financial assistance provided to you during the appeal period may be treated as an overpayment and recovery procedures may be started.

Your appeal request must be in writing and may be submitted to any Department of Health and Human Services office. Appeals on SNAP benefits may be made orally or in writing. Contact any DHHS office and DHHS will explain the appeal procedure and can assist you to complete an appeal request.

Once you have filed the appeal, arrangements for a hearing will be made and you will be notified of the time and place. You may represent yourself at the hearing or be represented by another person. If you fail to appear for your scheduled hearing without good cause, your case will be dismissed.

MEDIATION FOR EMPLOYMENT FIRST CASES ONLY

Not as a result of a Notice of Adverse Action: You have the right to request a conference with your case manager's supervisor if you are unhappy with your case manager's action or inaction. If you disagree with the supervisor's conclusion, you have 30 days in which to request mediation. If you choose not to confer with your case manager's supervisor, you have 30 days from the date of the case manager's action or inaction or the date when you became aware of the case manager's action or inaction, to request mediation.

As a result of a Notice of Adverse Action: You must request mediation within 90 days following the date the notice of adverse action is mailed. If you submit a request for mediation within ten days following the date the notice is mailed, the case manager shall not take the adverse action until a decision is reached through mediation.

Oleg Churyumov
2/3/2017 1:00 PM Office Visit

Department: ACC
UROLOGY BERGAN
Dept Phone: 402-717-
2500

Description: Male DOB:
1/26/1986
Provider: Herman M
Greenwald, MD

Your Plan

Thank you for choosing Catholic Health Initiatives ACC UROLOGY BERGAN for your care.

We strive to provide you with an exceptional patient experience.

We are constantly looking for ways to serve you better. You may receive an email from a company called HealthStream inviting you to complete a short confidential survey and provide comments about your experience. Please take the time to respond so we can improve our service to you.

Thank you.

Referral Information

Procedure
US Retroperitoneal Complete [IMG526]

Referral ID
2072392

Referred By
GREENWALD, HERMAN M

Referred To
BMMC RAD ULTRASOUND
7500 Mercy Rd
Omaha, NE 68124-2319
Phone: 402-398-6193
Fax: 402-398-6060

Visits	Status	Start Date	End Date
1	Pending Review	2/3/17	5/4/17

If your referral has a status of pending review or denied, additional information will be sent to support the outcome of this decision.

Procedure
XR Pelvis Complete Minimum 3 Views [IMG72]

Referral ID
2072393

Referred By
GREENWALD, HERMAN M

Referred To
Not Available

Visits	Status	Start Date	End Date
1	Pending Review	2/3/17	5/4/17

If your referral has a status of pending review or denied, additional information will be sent to support the outcome of this decision.

To Do List

3/2/2017 2:00 PM Appointment with Herman M Greenwald, MD at ACC UROLOGY BERGAN (402-717-2500)
Please arrive 15 minutes early and bring your insurance, photo ID, a list of your current medications and your insurance copay.
Address: 7710 MERCY RD STE 406

As directed Lab: Basic metabolic panel

As directed Lab: PSA

As directed Imaging: US Retroperitoneal Complete

As directed Imaging: XR Pelvis Complete Minimum 3 Views

402-717-2222

Your Visit Summary

Allergies

No Known Allergies

Vital Signs

Blood Pressure	Pulse	Temperature	Weight
125/72	58	36.2 °C (97.1 °F) (Temporal Artery (forehead))	70.943 kg (156 lb 6.4 oz)

Issues Addressed

Pain in male perineum
Pelvic pain in male

Diagnoses

Pain in male perineum - Primary

ICD-10-CM:
R10.2
ICD-9-CM:
608.9

Pelvic pain in male

ICD-10-CM:
R10.2
ICD-9-CM:
789.09

Your Medication List**Notice**

As of 2/3/2017 1:43 PM

You have not been prescribed any medications.

Results**POCT UA Dipstick only.**

Component	Value	Standard Range & Units
Color, UA	Yellow	Straw, Yellow, Light Yellow
Glucose, UA	Negative	Negative
Bilirubin, UA	negative	negative
Ketones, UA	Negative	Negative, 1+
Spec Grav, UA	1.015	<1.005 - 1.025
Blood, UA	Negative	Negative, Trace, 1+, 2+, 3+, Trace-lysed, Trace-intact
pH, UA	9.0	4.5 - 8.0
Protein, UA	Negative	Negative
Urobilinogen, UA	0.2 mg/dl	0.2 mg/dl, 1 mg/dl, Normal mg/dL
Nitrite, UA	Negative	Negative
Leukocytes, UA	Negative	Negative, 1+, 2+

Orders**POCT UA Dipstick only.**

Future Labs/Procedures	Complete By	Expires
Basic metabolic panel	As directed	2/3/2018
PSA	As directed	2/3/2018
US Retroperitoneal Complete	As directed	2/3/2018
XR Pelvis Complete Minimum 3 Views	As directed	2/3/2018

Your medications**Notice**

As of 2/3/2017 1:43 PM

You have not been prescribed any medications.

WELLS FARGO**EVERYDAY CHECKING**

...9854

\$384.05

Available balance

Activity Summary

Current posted balance

\$609.12

Pending withdrawals/debits

-\$225.07

Pending deposits/credits

\$0.00

Available balance**\$384.05**

Monthly Service Fee Summary

Activity

Use Search to view more transactions

Date Description**Deposits/Credits Withdrawals/Debits****Pending Transactions** *Note: Debit card transaction amounts may change.*

02/14/17 PURCHASE WALMART.COM BENTONVILLE AR CARD4705

\$225.07

Posted Transactions02/06/17 PURCHASE AUTHORIZED ON 02/03 OPPD-UTILITY-BILL- 877-536-4131 NE S587034547416159
CARD 4705

\$92.68

02/02/17 PURCHASE AUTHORIZED ON 02/01 COX*OMAHA COMM SER 402-933-3000 NE
S307032516933410 CARD 4705

\$62.46

02/02/17 RECURRING PAYMENT AUTHORIZED ON 01/31 DIGITALOCEAN.COM 646-397-8051 NY
S467032114827570 CARD 4705

\$5.00

02/01/17 CHECK # 96

\$564.00

01/18/17 PURCHASE AUTHORIZED ON 01/16 ALEGENT HEALTH BUS 402-398-5979 NE S307016838927399
CARD 4705

\$10.00

01/17/17 MONTHLY SERVICE FEE

\$10.00

01/13/17 PURCHASE AUTHORIZED ON 01/12 HOTWIRE* HOTWIRE.COM WA S307012767916905 CARD 4705

\$188.15

Attachment 8 for Making Fee for in

Date	Description	Deposits/Credits	Withdrawals/Debits
01/06/17	PURCHASE AUTHORIZED ON 01/05 OPPD-UTILITY-BILL- 877-536-4131 NE S467005489164375 CARD 4705		\$92.42
01/05/17	PURCHASE AUTHORIZED ON 01/04 COX*OMAHA COMM SER 402-933-3000 NE S387004575201669 CARD 4705		\$62.46
01/03/17	RECURRING PAYMENT AUTHORIZED ON 12/31 DIGITALOCEAN.COM 646-397-8051 NY S587001201557041 CARD 4705		\$5.00
12/05/16	PURCHASE AUTHORIZED ON 12/03 OPPD-UTILITY-BILL- 877-536-4131 NE S306338473407748 CARD 4705		\$67.01
12/02/16	RECURRING PAYMENT AUTHORIZED ON 12/01 DIGITALOCEAN.COM 646-397-8051 NY S466336330040593 CARD 4705		\$5.00
11/30/16	PURCHASE AUTHORIZED ON 11/29 COX*OMAHA COMM SER 402-933-3000 NE S306334757980958 CARD 4705		\$62.46
Totals		\$0.00	\$1,451.71

View more account history through Statements & Documents.

*Account Disclosures

Deposit products offered by Wells Fargo Bank, N.A. Member FDIC.

 Equal Housing Lender

NEBRASKA CERTIFICATE OF TITLE



17019010704

Vehicle Identification Number
1Y1SK5287XZ446408Year
1999Make
CHEVROLETBody Style
SEDANModel
GEO BASE/LSIPurchase Date
1/19/2017Issue Date
1/19/2017Previous Title Number/State
17010590024 NETitle Type
ORIGINAL

GVWR

Capacity

Color
WHI

Odometer

EXEMPT

Legends

Owner Name(s) And Address
OLEG CHURYUMOV
9755 MOCKINGBIRD DR APT 38
OMAHA, NE 68127Previous Owner(s)
INSURANCE AUTO AUCTIONS
SPRINGFIELD, NE 68059

1ST Lien

2ND Lien

Subsequent
Lien Filed

LIEN RELEASES

1st Release By:

Title:

Date:

County:

Date:

2nd Release By:

Title:

Date:

County:

Date:

SELLER MUST COMPLETE

PURCHASER'S INFORMATION

Federal and State law requires that the seller state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. (RETAIN COPY FOR 5 YEARS.)
The undersigned, being the owner of the vehicle described within the Certificate of Title, hereby sells and assigns all right, title and interest in and to said Certificate of Title and the vehicle described therein to the following named purchaser.
I certify to the best of my knowledge the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:

ODOMETER READING

NO
TENTHSCAUTION
READ CAREFULLY
BEFORE YOU
CHECK A BLOCK

- ☐ 1. The mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is not the actual mileage.

WARNING - ODOMETER DISCREPANCY.

ALL OWNERS WHOSE NAMES APPEAR
ON THE FACE OF THIS TITLE MUST SIGN.

PRINTED NAME OF PURCHASER(S)

SIGNATURE OF SELLER

ADDRESS

SIGNATURE OF SELLER

CITY

STATE

ZIP

SIGNATURE OF SELLER

I AM AWARE OF THE ODOMETER STATEMENTS
MADE BY THE SELLER(S)

PRINTED NAME OF SELLER (ONLY ONE PRINTED NAME REQUIRED)

SIGNATURE OF PURCHASER

DATE OF SALE

SIGNATURE OF PURCHASER

INVENTORY CONTROL NUMBER

County

Title Number

F 1667183

DOUGLAS

17019010704

Witness My Hand And Official Seal The Date Shown Above

County Official

JOHN W. EWING, JR. TREASURER

By:

TKC

F01667183

\$10.00



Official's Seal



VOID IF ALTERED OR DUPLICATE ISSUED

**INSURANCE AUTO AUCTIONS**

525 - Omaha
14749 Meredythe Plz
Springfield NE 68059
(402) 733-2424

Oleg Churyumov
9755 Mockingbird Dr Apt 38
Omaha, NE. 68127

Receipt #	10157823
Receipt Date	1/19/2017
Received By	Magaly S
Buyer #	313854
Buyer Name	Oleg Churyumov
Dealer	
Resale Certificate #	
Registration Expires	12/8/2017

Invoice Date	Stock #	Item # Description	VIN	Bid Amount	Buyer Fee	Service Fee	Tow Fee	Storage Fee	Late Fee	Other Fees	Yard Fee	Other Tax	Sales Tax	Total Amount
Sold At: 525 - Omaha														
1/19/2017	000-18936921	A-0002 1999 CHEVROLET GEO PRIZM	446408	600.00	210.00	59.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	869.00
Sub Total				600.00	210.00	59.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	869.00
Grand Total				600.00	210.00	59.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	869.00

Total Payment \$869.00

Legend: For Mexican Customs Purposes

Tax ID: 953790111 A wholly owned subsidiary of affiliate of Insurance Auto Auctions, Inc., Registrant #008 - FEIN 95-3790111

Adjustment 10 for Working fee for in



Driver Licensing Services
301 Centennial Mall South, P.O. Box 94726
LINCOLN, NEBRASKA 68509-4726
(402) 471-3861
Fax (402) 471-4020
www.dmv.nebraska.gov

OCTOBER 11, 2016

OLEG CHURYUMOV
9755 MOCKINGBIRD DR APT 38
OMAHA NE 68127

RE: OPERATOR'S LICENSE
NUMBER: H13850207

The USCIS document(s) you presented at your local driver licensing exam station did not verify through the Systematic Alien Verification for Entitlements (SAVE) program. The driver licensing office submitted your documents as they were required to go through a manual verification process.

After verification, SAVE returned the following response: Application Pending.

When your application with USCIS is complete, feel free to return to your local DMV with your new documents to be processed again. If you are required to present a second document with your USCIS document, please bring them as well.

If you have any questions, please contact our office at (402) 471-3861.

Sincerely,

A handwritten signature in cursive script that reads "Sara O'Rourke".

Sara O'Rourke, Administrator
Driver Licensing Services



Oleg <oleg.churyumov@gmail.com>

Cars

15 messages

Oleg <oleg.churyumov@gmail.com>
To: info@chariots4hope.org

Sun, Nov 20, 2016 at 7:24 PM

Dear Chariots 4 hope:

Me and my family applied for asylum in USA. My family is me, my pregnant wife and our daughter 2 years old. In the Nebraska State we need to wait 3 years for asylum interview and about 8 months for work permission with SSN (4 months left for us). Since we have no work permission seems to be we are not qualified to free car. However, we have a limited funds (savings) and we have no other vehicle to go to doctor, store, food pantries etc. I have got valid Nebraska operators license. Could you please tell: If we still are not qualified for free car what is the price for subsidized car?

Regards,
Oleg

Oleg <oleg.churyumov@gmail.com>
To: info@chariots4hope.org

Sun, Nov 20, 2016 at 7:29 PM

Dear Chariots 4 hope:

In addition to listed below:
I just finished reading your website. You are doing really great work helping people. I found that you need volunteers - mechanics and programmers. I can help in either way:
- do any website work for you (I am programmer)
- do any simple work for your mechanic because I would like to learn car mechanics

On Sun, Nov 20, 2016 at 7:24 PM, Oleg <oleg.churyumov@gmail.com> wrote:
Dear Chariots 4 hope:

Regards,
Oleg

www.churyumov.com
You are always welcome to add me on a Facebook!
<https://www.facebook.com/oleg.churyumov>

Michelle Hurt <Info@chariots4hope.org>
To: Oleg <oleg.churyumov@gmail.com>

Mon, Nov 21, 2016 at 9:34 AM

Good Morning Oleg-

Thank you for reaching out to us regarding your situation.

We are a new organization in Omaha and therefore, our inventory of vehicles is relatively low at the moment. We currently don't have enough inventory to go outside of our referral process so anybody right now that will be considered for an automobile must be referred to us by one of our referring organizations. You can find a list of our partners on our website at www.chariots4hope.org.

As we continue to grow as an organization, we will expand our partner list. We will put your name down on our list of individuals in need of transportation and if we get excess cars where we can go outside of our referral process then we'll definitely give you a

call. Please know that we will be praying for your situation.

Also, thank you for your willingness to volunteer.

God Bless-
Michelle Hurt
Co-Founder
michelle@chariots4hope.org
402-516-8301
www.chariots4hope.org



Restoring Cars.Changing Lives.
[Quoted text hidden]

Oleg <oleg.churyumov@gmail.com>

Thu, Dec 1, 2016 at 10:07 PM

Bcc: odm@opendoormission.org, info@rejuvenatingwomen.com, info@avescholars.org, director@bethlehemhouseomaha.org, familylife@bethlehemhouseomaha.org, info@restoredhopeomaha.org, jdschor@discoverlifegate.com, info@abidenetwork.org, info@citylightomaha.org, info@safefamilies.net, MichelleM@centralplainsent.com, smlc@saintmichaellutheran.org

Dear Sir or Madam:

This is to inquire your referral to the Chariots4hope (chariots4hope.org) organisation for our family.
me and my family came from Russia in this year, anme and my familyd applied for asylum in USA. My family is me, my pregnant wife and our daughter 2 years old.
In the Nebraska State we need to wait 3 years for asylum interview and about 8 months for work permission with SSN (4 months left for us). We can present all related documents.
We have a limited funds (savings) and we have no vehicle to go to doctor, store, food pantries etc.
To get vehicle, the Chariots4hope organisation asks us to get your referral from your organisation.
Could you please tell:
May we ask your organisation for referral to Chariots4hope? What should we do for that?

Go bless
Best regards
Oleg

[Quoted text hidden]

Candace Gregory <cgregory@opendoormission.org>
To: Oleg <oleg.churyumov@gmail.com>

Thu, Dec 1, 2016 at 10:12 PM

Hi Oleg, I apologize but our partnership is for homeless men and women. You should try calling 211 for other resources.
[Quoted text hidden]

Candace L. Gregory
President / CEO

Office: 402-829-1502

Fax:

Mobile: 402-968-5892

E-mail: cgregory@opendoormission.org

www.opendoormission.org



Become an advocate



Stay Connected with Open Door Mission...

Oleg <oleg.churyumov@gmail.com>
To: Candace Gregory <cgregory@opendoormission.org>

Fri, Dec 2, 2016 at 12:07 AM

Hello Gregory
Thank you for your response.
Ok we will try

Regards,
Oleg

www.churyumov.com

You are always welcome to add me on a Facebook!
<https://www.facebook.com/oleg.churyumov>

[Quoted text hidden]

Family Life <familylife@bethlehemhouseomaha.org>
To: Oleg <oleg.churyumov@gmail.com>

Fri, Dec 2, 2016 at 9:01 AM

My apologies we can only refer our residents and graduates.

GINA TOMES | Family Life Director

BETHLEHEM HOUSE

p/ 402.502.9224 | f/ 402.505.9016 | | E: Familylife@bethlehemhouseomaha.org | www.BethlehemHouseOmaha.org

From: Oleg [mailto:oleg.churyumov@gmail.com]
Sent: Thursday, December 01, 2016 10:08 PM
To: undisclosed-recipients:
Subject: Fwd: Cars

[Quoted text hidden]



This email has been checked for viruses by Avast antivirus software.
www.avast.com

info@rejuvenatingwomen.com <info@rejuvenatingwomen.com>
To: Oleg <oleg.churyumov@gmail.com>

Fri, Dec 2, 2016 at 9:09 AM

Good morning Oleg.

Rejuvenating Women is a counseling and aftercare organization for women in our program.

Sorry we can't be of help to you.

Praying for your situation,

Rejuvenating Women

Sent from my iPhone

[Quoted text hidden]

[Quoted text hidden]

Best regards

Oleg

[Quoted text hidden]

[Quoted text hidden]

[Quoted text hidden]

<C4H_Email-Sig copy.gif>

Restoring Cars.Changing Lives.

On Nov 20, 2016, at 7:24 PM, Oleg <oleg.churyumov@gmail.com> wrote:

Dear Chariots 4 hope:

Me and my family applied for asylum in USA. My family is me, my pregnant wife and our daughter 2 years old.

In the Nebraska State we need to wait 3 years for asylum interview and about 8 months for work permission with SSN (4 months left for us).

Since we have no work permission seems to be we are not qualified to free car.

However, we have a limited funds (savings) and we have no other vehicle to go to doctor, store, food pantries etc.

I have got valid Nebraska operators license.

Could you please tell:

If we still are not qualified for free car what is the price for subsidized car?

Regards,

Oleg

Oleg <oleg.churyumov@gmail.com>
To: Michelle Hurt <Info@chariots4hope.org>

Fri, Dec 2, 2016 at 11:28 AM

Dear Michelle

I contacted referring organisations. But they can refer only those who were participated in their programs for a long time. Thus, they cannot make a referral for us.

However, we participated in other charity organisations (such as Lutheran Family Church and others).

If we get referral from them does it work?

Regards,
Oleg

www.churyumov.com

You are always welcome to add me on a Facebook!

<https://www.facebook.com/oleg.churyumov>

[Quoted text hidden]

Oleg <oleg.churyumov@gmail.com>
To: Michelle Hurt <Info@chariots4hope.org>

Wed, Dec 7, 2016 at 11:45 AM

Regards,
Oleg

www.churyumov.com

You are always welcome to add me on a Facebook!

<https://www.facebook.com/oleg.churyumov>

[Quoted text hidden]

Michelle Hurt <Info@chariots4hope.org>
To: Oleg <oleg.churyumov@gmail.com>

Wed, Dec 7, 2016 at 4:15 PM

Hi Oleg,

I apologize for the late reply. Unfortunately, the Lutheran organization is not part of our program yet. As you can imagine, requests for transportation are extremely high so we're currently not accepting applications for new referring organizations. As we continue to grow and receive more vehicle donations, we will open up our program to many more nonprofits in the area.

I'll keep your name on file and if we have anything that comes in that doesn't qualify for our donation program and we can sell at a deeply discounted rate, then I'll contact you.

Blessings,

Michelle

From: Oleg [<mailto:oleg.churyumov@gmail.com>]
Sent: Wednesday, December 7, 2016 11:45 AM
To: Michelle Hurt <Info@chariots4hope.org>
Subject: Re: Cars

[Quoted text hidden]

Michelle Hurt <Info@chariots4hope.org>
To: Oleg <oleg.churyumov@gmail.com>

Wed, Dec 7, 2016 at 4:17 PM

I forgot to ask you to send me a dollar amount you can afford for a vehicle.

Thanks,

Michelle

From: Michelle Hurt
Sent: Wednesday, December 7, 2016 4:15 PM
To: 'Oleg' <oleg.churyumov@gmail.com>
Subject: RE: Cars

I apologize for the late reply. Unfortunately, the Lutheran organization is not part of our program yet. As you can imagine, requests for transportation are extremely high so we're currently not accepting applications for new referring organizations. As we continue to grow and receive more vehicle donations, we will open up our program to many more nonprofits in the area.

I'll keep your name on file and if we have anything that comes in that doesn't qualify for our donation program and we can sell at a deeply discounted rate, then I'll contact you.

Blessings,

Michelle

From: Oleg [<mailto:oleg.churyumov@gmail.com>]
Sent: Wednesday, December 7, 2016 11:45 AM
To: Michelle Hurt <Info@chariots4hope.org>
Subject: Re: Cars

Regards,

[Quoted text hidden]
[Quoted text hidden]

Oleg <oleg.churyumov@gmail.com>
To: Michelle Hurt <Info@chariots4hope.org>

Tue, Feb 7, 2017 at 9:37 PM

Dear Michelle
Some time ago I applied for help with a car. Unfortunately, I was not eligible to get help from your organisation. However, finally I bought car at auction for \$600 because I've got some donations and sold scrap metal. Due to low price car is not new (of 1999 year) and is not in perfect condition. Could you please tell: may I ask help of your organisation to diagnose the existing car problems?

Best regards,
Oleg

[Quoted text hidden]

Oleg <oleg.churyumov@gmail.com>
To: Michelle Hurt <Info@chariots4hope.org>

Wed, Feb 15, 2017 at 1:37 PM

Best regards,
Oleg

[Quoted text hidden]

Michelle Hurt <info@charlots-hope.org>
To: Oleg <oleg.churyumov@gmail.com>

Wed, Feb 15, 2017 at 3:15 PM

Hi Oleg,

I'm glad to hear that you were able to locate a car but sorry to hear that you're having problems with it. Since we're a referral based program, we wouldn't be able to allocate any money towards your vehicle without a referral but I can give you one of the technician's phone number that we use and he may be able to help you out by inspecting your vehicle.

His name is Scott Fletcher and his number is 402-250-5204.

Thanks,

Michelle

From: Oleg [mailto:oleg.churyumov@gmail.com]

Sent: Wednesday, February 15, 2017 1:37 PM

[Quoted text hidden]

[Quoted text hidden]

Attachment 13 for Warren Properties

APPROVED BY
FOR PAYMENT

(Manager)

(Area Supervisor)

0013085
01/30/17

Feb rent

096

01/30/2017 27-57040 380

Date

\$ 564

Pay to the
Order of Warren Properties

Five hundred sixty four ~~00~~

Dollars



Security



For Apartment 38

⑆104000058⑆ 8112639854⑆ 00096



(NOT FOR PAYMENTS)
PO BOX 1259
DEPT. # 102453
OAKS, PA 19456
6400 0010 NO RP 27 01292017 NYNNYNY 01 996681

OLEG CHURYUMOV
9755 MOCKINGBIRD DR APT 38
OMAHA NE 68127-2049



January 28, 2017

CONTACT US: www.cox.com/mybill
402-933-3000

Account Number **001 7210 032664128**
COX PIN XXXX
SERVICE ADDRESS APT 38
9755 MOCKINGBIRD DR
OMAHA, NE 68127-2049



ACCOUNT SUMMARY as of Jan 28, 2017

Previous Balance	\$62.46
Payment Received - Jan 4	-\$62.46
Remaining Previous Balance	\$0.00
New Charges: Jan 27, 2017 - Feb 26, 2017	
Internet	\$61.98
Taxes, Fees and Surcharges	\$0.48
New Charges	\$62.46
Total Due By Feb 11, 2017	\$62.46



Thank you for being a Cox Paperless customer!



Save Time! Save Money! Take control! Enroll in EasyPay - once you set it you'll never forget it. Your bill is automatically paid each month on the day it's due. Sign up today at www.cox.com/ibill!

January 28, 2017 bill for OLEG CHURYUMOV
Account Number **001 7210 032664128**
Service at APT 38
9755 MOCKINGBIRD DR
OMAHA, NE 68127-2049

Total Due By Feb 11, 2017 \$62.46

COX COMMUNICATIONS
PO BOX 2732
OMAHA NE 68103-2732

07210001132032664128930006246

6400 0010 NO RP 27 01292017 NYNNYNY 01 996681

January 28, 2017 Bill for OLEG CHURYUMOV

Account number 001 7210 032664128

Page 2 of 4

MONTHLY SERVICES Jan 27 - Feb 26**INTERNET**

WiFi Modem Rental	\$6.99
Preferred Internet Service	\$4.99
Total Internet	\$61.98
TOTAL MONTHLY SERVICES	\$61.98

TAXES, FEES AND SURCHARGES**TV and/or Internet Taxes and Fees**

Local Sales Tax	\$0.10
State Sales Tax	0.38
Total TV and/or Internet Taxes and Fees	\$0.48

TOTAL TAXES, FEES AND SURCHARGES	\$0.48
---	---------------

TOTAL NEW CHARGES	\$62.46
--------------------------	----------------

NEWS FROM COX

Beginning February 20, 2017, Cox is introducing a change in your area based on your Cox High Speed Internet data usage.

With this change, if you exceed your 1 TB (1024 GB) monthly data plan, we will automatically provide additional blocks of data for \$10 per 50 GB, as needed. We will notify you via email and browser alert if you reach 85% and 100% of your monthly data plan.

We are providing all customers a grace period for their first two billing periods after February 20, 2017. During the grace period, you will not be charged if you exceed your data plan.

To view and track your data usage, you can access your Data Usage Meter by visiting www.cox.com/datausage or by

News From Cox cont.

downloading the **Cox Connect** mobile app.

CUSTOMER INFORMATION**Billing, Payment Policies and Fees:**

Cox Communications bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Any balance that remains delinquent may be referred to a third party for collections. If your account is referred to a third party, you agree to reimburse Cox the fees of any collection agency, which may be based on a percentage of your outstanding balance at a maximum of 25%, and all costs and expenses, including reasonable attorneys' fees Cox incurs in any collection efforts. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge of up to \$8.99 and an additional 1.5% of any past due telephone charges may be assessed to your account.

For more details on billing and payment policies visit www.cox.com/aboutus/policies/billing-and-payment-policies.html or contact a customer service representative.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:
W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

**Payment options**

Online: Visit www.cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: Call the number listed under the "Contact Us" section on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com for a list of Cox Authorized Payment Centers.



6400 0010 NO RP 27 01292017 NYNNNNY 01 996681

January 28, 2017 **Bill for OLEG CHURYUMOV**

Account number **001 7210 032664128**

Page 3 of 4

Customer Information cont.

Billing Dispute and Resolution: If you have any questions or disagree with any portion of your bill, please contact us at the phone number on the front of this statement no later than 60 days from the due date indicated.





▶ AROUND-THE-CLOCK SERVICE FROM A PROVIDER YOU CAN TRUST.



HOUSE CALLS THAT WON'T KEEP YOU WAITING ALL DAY.

- When you need us, we'll be on time. If we're not, you'll get \$20 off your next bill.*

24/7 TECHNICAL SUPPORT FOR LATE-NIGHT TROUBLESHOOTING.

- Online or by phone, we're here to keep your world running smoothly.

IN-PERSON EXPERTISE EVERY DAY.

- Visit your Cox Solutions Store® to talk to one of our tech experts today.



ON-TIME
GUARANTEE



24/7 TECH
SUPPORT



CUSTOMER
SATISFACTION



COX SOLUTIONS
STORE



CLICK: cox.com **COME BY:** Cox Solutions Store

*On-time guarantee entitles customer to a \$20 bill credit for covered appointment misses. Available on all scheduled installation and repair appointments for video, internet and phone services. Excludes appointments missed due to factors beyond Cox's reasonable control, such as weather-related hazardous driving conditions, road closures or other abnormal traffic conditions. Limit one credit per missed appointment. ©2017 Cox Communications, Inc. All rights reserved.
SABGF10T CG-AP-SPEEDCOMMIT_T3Jan17



Billing History

Your payments and transactions, simplified

Account Name: OLEG CHURYUMOV
Account Number: 817959204
Billing Cycle: 01/11/17 - 02/10/17

Transaction History

01/11/2017

Additional Voice Feature
 (917) 514-1426

\$10.00

Balance: \$10.00

01/11/2017

Anytime Minutes National Only
 (917) 514-1426

\$60.00

Balance: \$70.00

Charge Includes: ▲

State & Local Tax: \$0.41

Surcharges & Other Fees: \$0.27

E911 Service Fee: \$0.00

02/06/2017

Auto billpay credit
 (917) 514-1426

+ \$5.00

Balance: \$65.00

02/09/2017

Payment

+ \$65.00

Balance: \$0.00

Attachment 16 for Walk for Warmth



0202

Page 1 of 1

Account Number	Due Date	Total Amount Due
2490335432	Feb 22, 2017	\$92.68

For bill inquiries call the Omaha Office
(402) 536-4131. See back for toll-free number.

Customer Name: CHURIUMOVA, KSENIIA
Statement Date: February 2, 2017

Billing Information for service address: 9755 MOCKINGBIRD DR, 00038 OMAHA NE

Rate	Billing Period		Meter Number	Meter Reading				Usage	
	From	To		Previous	Present	Difference	Multiplier		
Residential	12-29-16	1-31-17	9503331	50454	51205 Actual	751	1	kWh	751

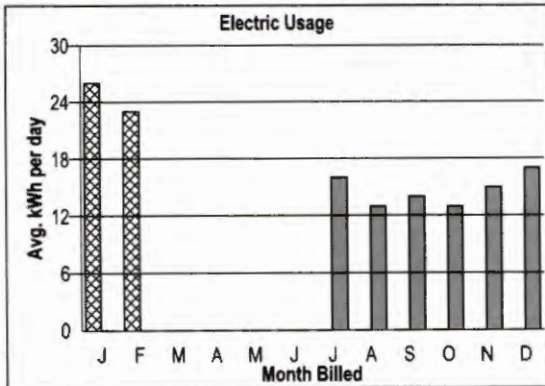
Your Electric Usage Profile

Billing Period	Billing Days	kWh Use	Avg. kWh per day	Avg Temp	
				High	Low
2017 <input checked="" type="checkbox"/>	33	751	22	34	20
2016 <input type="checkbox"/>	0	0	0	0	0

Service Charge	19.70
kWh Usage	65.73
Fuel And Purchased Power Adjustment	1.19
Sales Tax	6.06
Total Charges	\$92.68
Previous Balance	92.42
Payments Received: 01/05/17	92.42CR
Total Amount Due	\$92.68

Late Payment Charge of \$3.71 applies after due date.

Your average daily electric cost was: \$2.81



1

Please return this portion with payment

The 10th annual Walk for Warmth is coming up, see how to register in Outlets.

Statement Date: February 2, 2017

Account Number	Due Date	Total Amount Due
2490335432	Feb 22, 2017	\$92.68

Late Payment Charge of \$3.71 applies after due date.

Amount Paid

Energy Assistance: Monthly \$1 ☐ \$2 ☐ \$5 ☐ Other \$

One-Time Contribution \$

A current phone number on our record simplifies outage reporting. Your service address is identified by the phone number: (917) 514-1426

☐ Check Here to indicate name, address or phone changes on back of this statement

|||||
KSENIIA CHURIUMOVA
9755 MOCKINGBIRD DR APT 38
OMAHA NE 68127-2049

PO BOX 3995
OMAHA NE 68103-0995



01249033543210000000926800000009639201702224



Attachment 17 for Waiting Fee form

Thu Jan 19 17:57:34 CST 2017



SHELTER INSURANCE COMPANIES

AUTOMOBILE
EVIDENCE OF INSURANCE
AS OF 01/19/2017

NAME AND ADDRESS OF NAMED INSURED:
CHURYUMOV, OLEG
9755 MOCKINGBIRD DR
OMAHA, NE 68127-2005

AGENT:
MICHAEL PACK
5356 S 72ND ST
RALSTON, NE 68127-2876
(402) 331-0610
AGENT NUMBER 26-F370-21

Policy Number: 26-1-10169764-2

Effective Date: 01/19/2017, 04:22 PM Central Time
Expiration Date: 08/01/2017, 12:01 AM Central Time

This policy will continue to renew as long as we offer to renew it and you pay the required premium by the due date.

THE DESCRIBED AUTOMOBILE IS A 1999 CHEVY PRIZM LS1 4DR
VEHICLE IDENTIFICATION # 1Y1SK5287XZ446408

The limit of the company's liability is stated in the policy and applies as follows:

COVERAGE	A BODILY INJURY		B PROPERTY DAMAGE	C MEDICAL PAYMENTS	D ACCIDENTAL DEATH	E UNINSURED MOTORISTS		F COLLISION	G COMPREHENSIVE	J REIMBURSEMENT FOR EMERGENCY ROAD SERVICE
LIMIT	EACH PERSON	EACH ACCIDENT	EACH ACCIDENT	EACH PERSON	EACH PERSON	EACH PERSON	EACH ACCIDENT	\$2000 DEDUCTIBLE	\$2000 DEDUCTIBLE	EACH DISABLEMENT
	\$25,000	\$50,000	\$25,000			\$25,000	\$50,000			
PREMIUM	X					X		X	X	

DISCOUNTS REFLECTED IN THE PREMIUM: New Safe Driver

FULL TERM PREMIUM \$415.53

ADDITIONAL LISTED INSURED: CHURYUMOV, KSENIA

ADJUSTED TERM PREMIUM \$445.42

THE FOLLOWING ENDORSEMENTS ARE A PART OF THIS POLICY AND ARE ATTACHED:

A-225-A Underinsured Motorist Endorsement
A-151.2-A Roadside Assistance - Premium: 0.00
A-150-A New Vehicle Replacement Coverage
S-18-S Mutual Policy Notification
A-142-A Amendatory Endorsement - Nebraska
A-723.2-A Driver Exclusion Endorsement

CHURYUMOV, KSENIA

RATE CLASS H3	TERRITORY 002	TERM 06 MONTHS
COST SYMBOL 019	PACKAGE CODE 3	TIER 3000

LOAN NO.

AGENT _____

A-622-A

Attachment 18 for Waiting Fee Form



9601 Q STREET

OMAHA, NE 68127

402-637-6076

E-mail comments:

1535director@hy-vee.com

February 12 2017 08:18 PM

Fuel

Cstore Prepay 20 00

BALANCE DUE 20.00

Cash \$20 00

CHANGE \$0.00*****
WIN A \$500 HY-VEE GIFT CARD!

Please visit www.Hy-VeeSurvey.com
and key in the 16-digit code below
to take a brief survey and enter for
your chance to win a \$500 Hy-Vee
gift card

0212553590020265

No purchase necessary to enter
sweepstakes. See website for official
sweepstakes rules.

Total number of items sold = 1-----
Card # xxxxxx4156

Earned Today \$0 00 per gallon

Redeemed Today \$0 00

Total Rewards \$0 00 per gallon

Thank you for being a registered
Fuel Saver + Perks Customer!
(34)

Cashier: 0968 Name: Octavio
Store: 6636 POS: 002 Transaction: 0266
Feb 12 2017 08:18 PM

Thanks for shopping at
Hy-Vee
Visit us on the Web
www.hy-vee.com

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 2992
OMAHA, NE 68103-2992

KSENIIA CHURIUMOVA
9755 MOCKINGBIRD DR APT 38
OMAHA, NE 68127

Case Number: - 669688
Case Name: - KSENIIA CHURIUMOVA
CONTACT: - NADINE PLAMBECK
Telephone Number: - (402) 595-3586
Fax Number: - (402) 595-1901
Notice Date: - 09-07-2016
Mail Date - 09-08-2016

NOTICE OF ACTION

Supplemental Nutrition Assistance Program (SNAP) formerly known as the Food Stamp Program

Your request for assistance has been denied effective 8-2016.

The reason is:

- Ineligible Alien

For free legal services, please contact Nebraska Legal Services. In Douglas, Sarpy and Dodge counties, call 402-348-1060. If you live in another Nebraska county, please call 1-877-250-2016. If you are 60 years of age or older, please call (in Omaha) 402-827-5656 or (statewide) 1-800-527-7249.

Low-Income Home Energy Assistance Program (LIHEAP)

Denial

Effective 8-2016, it has been determined that you are not eligible for LIHEAP assistance for the following reason:

The reason is:

- Ineligible Alien

Individual

KSENIIA CHURIUMOVA
LIUDMILA CHURIUMOVA
OLEG CHURYUMOV

Status

Ineligible
Ineligible
Ineligible

Reason

Ineligible Alien
Ineligible Alien
Ineligible Alien

See Reverse

The manual references which support this Notice are- 477 NAC 5-000 to 5-006.03, 476 NAC 2-002.02

By applying for the LIHEAP (Energy Assistance) Program, I understand the information collected on this form may be disclosed to energy programs operating under DHHS. DHHS may share and use information collected for purposes of referral, research, evaluation and analysis.

Comments

SNAP and LIHEAP Denied 8/1/16 - Ineligible Alien:

Kesnila Churiumova is not eligible to receive SNAP and LIHEAP assistance for her family. They applied for asylee status and their application is currently pending. As they have not been granted asylum under Section 208 of the INA (Immigration Naturalization Act), they are considered ineligible aliens. Therefore the SNAP and LIHEAP programs are denied 8/1/16 - Ineligible Alien.

Please remember if you receive assistance other than SNAP, you are required to report all changes in your situation within 10 days from the date of the change.

Economic Assistance
Toll Free: (800)383-4278
Lincoln: (402)323-3900
Omaha: (402)595-1258

Go online:
ACCESSNebraska.ne.gov

YOUR RESPONSIBILITIES

If you are eligible for assistance, you must provide complete and accurate information and notify DHHS of any changes in circumstances for you or another household member that may affect eligibility. You must report such things as changes in income or expenses, employment status, resources or other financial matters, disability status, the composition of the household, change in living arrangements, or address. You must notify DHHS if you plan to be absent from your home for 30 days or more, ask DHHS or your medical provider about covered medical services, show your current medical card to medical providers before obtaining services, inform the medical provider of any health insurance coverage you or anyone in your household may have, pay the cost of all unauthorized medical expenses, pay any medical co-payments, and pay any child care fees. For SNAP, households assigned to the Simplified Reporting category are required to report when the household's gross monthly income exceeds the maximum monthly income limit for the household size. If your household includes an Able Bodied Adult Without Dependents (ABAWD) who is working or volunteering, you must report if the ABAWD's work or volunteer hours drop below 20 hours per week averaged over a four week period.

You have the responsibility to report the changes by mail, telephone or in person no later than ten days following the change, except that for SNAP households assigned to Simplified Reporting, you must report changes no later than 10 days from the end of the calendar month in which the change occurred. See the reverse side of this notice for the telephone number to call.

YOUR RIGHTS

CIVIL RIGHTS: This institution is prohibited from discrimination on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA and DHHS are equal opportunity providers and employers.

RIGHT TO A CONFERENCE: You have the right to request a conference with DHHS to discuss the reason(s) for the action(s) indicated on this form. To request a conference, you may call, write, or visit the DHHS office serving your area. A request for a conference will not delay or replace any request for a Fair Hearing as noted in the 'Rights to Appeal' section on this page. If you have questions about your application, payment, services, eligibility, or medical assistance please call DHHS.

RIGHT TO NOTICE OF ACTION: You must be given adequate notice of any action(s) affecting your benefits. "Adequate" means the notice must include a statement of what action(s) the DHHS office intends to take, the reason(s) for the intended action(s), and for certain programs, the specific state regulation(s) that require the action(s) to be taken.

In cases of intended adverse action (action to terminate or reduce benefits, or to change the manner or form of payment or service to a more restrictive method) you must receive adequate and timely notice. "Timely" means the notice is mailed at least ten calendar days before the date the action would become effective. For financial assistance or medical services this is always the first day of the month. For block grant services it can be any day of the month. In certain circumstances, DHHS may dispense with timely notice but shall send adequate notice by the effective date of the action. DHHS can explain these situations to you. These situations include when DHHS office obtains facts indicating your assistance should be stopped, suspended, terminated or reduced because of probable fraud, and where possible, such facts have been verified. Notice of such action is considered timely if it is mailed at least five days before the action would become effective. For SNAP, notice of such action is considered timely if it is received by the date the household would have received its allotment.

RIGHTS TO APPEAL

You have the right to appeal for a hearing on any agency action or inaction on your application for receipt of SNAP, block grant services, medical services, or financial assistance. You may appeal because your application is denied or is not acted on with reasonable promptness, your assistance is suspended, reduced, or terminated, your form of payment or service is changed to a more restrictive method, or because you feel the DHHS office action was taken erroneously. A hearing will not be granted when state or federal law requires automatic case adjustments unless the reason for the appeal is that your eligibility was determined incorrectly.

If you requested assistance from the Department of Health and Human Services under the Emergency Assistance or Crisis Energy Programs and you disagree with the action taken by the DHHS office, then you may appeal our action or inaction and the agency will provide an expedited hearing and decision. You may ask DHHS for more information regarding an expedited appeal. You (or your representative) have 90 days following the date of this notice to request a fair hearing.

In cases of intended adverse action, (suspension, reduction, or termination) where DHHS is required to send you timely and adequate notice, if you request an appeal hearing within ten days following the date on this notice, DHHS will not carry out the adverse action until a fair hearing decision is made, unless you request assistance not be continued. This does not apply to situations where DHHS may dispense with timely notice and is only required to have adequate notice. This does not prevent DHHS from continuing other case activities and implementing changes to your assistance case not directly related to the appeal issue.

If after the hearing, the action taken by the DHHS office is found to be correct, the amount of financial assistance provided to you during the appeal period may be treated as an overpayment and recovery procedures may be started.

Your appeal request must be in writing and may be submitted to any Department of Health and Human Services office. Appeals on SNAP benefits may be made orally or in writing. Contact any DHHS office and DHHS will explain the appeal procedure and can assist you to complete an appeal request.

Once you have filed the appeal, arrangements for a hearing will be made and you will be notified of the time and place. You may represent yourself at the hearing or be represented by another person. If you fail to appear for your scheduled hearing without good cause, your case will be dismissed.

MEDIATION FOR EMPLOYMENT FIRST CASES ONLY

Not as a result of a Notice of Adverse Action: You have the right to request a conference with your case manager's supervisor if you are unhappy with your case manager's action or inaction. If you disagree with the supervisor's conclusion, you have 30 days in which to request mediation. If you choose not to confer with your case manager's supervisor, you have 30 days from the date of the case manager's action or inaction or the date when you became aware of the case manager's action or inaction, to request mediation.

As a result of a Notice of Adverse Action: You must request mediation within 90 days following the date the notice of adverse action is mailed. If you submit a request for mediation within ten days following the date the notice is mailed, the case manager shall not take the adverse action until a decision is reached through mediation.

Attachment to for Waiting Fee form



Date 8/12/16

Re: Verification of Pregnancy

To Whom It May Concern:

This is to verify that Ksenia Churiamova was given an ultrasound at Essential Pregnancy Services Medical Clinic which showed an intrauterine pregnancy. The estimated due date is 3/13/16.

Please feel free to call: 402-554-0121 (Benson St.) or

402-763-8768 (Maple Village) with questions.

Pamela Grosse RN

Pamela Grosse RN/Nurse Manager or

Cheryl Hove RN/Jan Wintle RN/Theresa Alarcon RN

Jana M Fadden, RN

Nick Steinauer MD

Nick Steinauer M.D./ Medical Director



Oleg <oleg.churyumov@gmail.com>

RE: Findlaw FirmSite Message From www.vblaw.com : Contact

Genna Beier <gbei@vblaw.com>

Wed, Feb 15, 2017 at 2:18 PM

To: "oleg.churyumov@gmail.com" <oleg.churyumov@gmail.com>

Dear Oleg –

Thank you for writing our firm. There is a mechanism by which you can try to compel the agency to adjudicate your work permit application. It's called a mandamus petition and it is filed in federal district court. The idea is to force the agency to comply with an obligation it has (such as one outlined in the regulations that you pointed to). Our office has filed mandamus petitions to push USCIS to decide long pending cases. However, at this time we are unable to take on a case like yours on a pro bono basis, and filing the mandamus petition will likely cost between \$2,500 and \$3,500 (or more depending on how much litigation is required). If you are interested in discussing the possibility of hiring us for this work, please let me know.

Best of luck,

Genna

Genna Beier

Attorney at Law

Van Der Hout, Brigagliano & Nightingale, LLP

180 Sutter Street, Suite 500

San Francisco, CA, 94104

Email / gbei@vblaw.com

Main line / 415-981-3000

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From: TLR.FindLaw.FirmSite@thomsonreuters.com [mailto:TLR.FindLaw.FirmSite@thomsonreuters.com]

Sent: Sunday, February 12, 2017 8:09 AM

To: info <info@vblaw.com>

Subject: Findlaw FirmSite Message From www.vblaw.com : Contact

FindLaw

Name:
Oleg Churyumov

Email Address:
oleg.churyumov@gmail.com

State:
Nebraska

ZIP:
68127

Phone:
[9175141426](tel:9175141426)

How would you like to be contacted?
Email

Brief description of your legal issue:
Dear Sr/Mdm:

This is to inquire your help/advise with USCIS work authorization delay.
We found famous lawsuit filed by your organisation in 2015 against USCIS (Nationwide Class Action Lawsuit Filed Over Work Permit Delays).
Me and my family met the same problem.
USCIS does not give us work permit and we are on low funds to survive.

Please see details below:
On 12/23/2016 I filed i-765 form, work authorization application based on asylum pending.
Receipt # is LIN-17-902-83667
Referral ID is SR10231710587NSC
USCIS Account Number (A-number) is 209069241

According to 8 CFR 208.7 (a), if the asylum application is not so denied, the USCIS shall have 30 days from the date of filing of the employment authorization request to grant or deny that application.

However, despite on the law mentioned above USCIS did not proceed my employment authorization by 01/23/2017.

Thus, on 01/23/2017 I contacted USCIS regarding delay with my case.
On 01/30/2017 USCIS sent response saying to wait for another 2 months starting of 01/30/2017. Hence, finally period of waiting was increased to 90 days from application date (12/23/2016) instead of 30 days provided by the law. Moreover, this significant delay violates the Administrative Procedure Act.

On 02/06/2017 I filed "expedite request". According to this USCIS procedure, response is to be given in 5 days from the date of filing. However, no response was given as of 02/12/2017.

On 02/07/2018 I called USCIS and asked for interim Employment Authorization. USCIS representative responded that they no longer issue interim authorizations.

My family and me are residents of Omaha, NE. We have no source of income because our EAD card is still pending. We have a 2 years old baby and my wife is pregnant. I want to work 60 hours a week to feed my family and make Nebraska economics better. But I even cannot start working for myself or create a business since my work authorization is pending.

Due to zero income we are not able to pay rent for more than 1 month more. If USCIS will not give us job authorization in the nearest days, I will be forced to move my family from apartments to shelter or street..

Could you please kindly tell:

Is there any way to increase speed of proceeding our application?

God bless you,
Oleg, Kseniia and Lyusi

This email was initiated at the Findlaw FirmSite <http://www.vblaw.com/Contact.shtml>.

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2/15/2017

Gmail - FW: Omaha Housing Authority: Status of application



Oleg <oleg.churyumov@gmail.com>

FW: Omaha Housing Authority: Status of application

Brian Wesely <BWesely@ohauthority.org>

Tue, Jan 10, 2017 at 8:10 AM

To: Oleg <oleg.churyumov@gmail.com>

Cc: "Dora D. Mesa" <DMesa@ohauthority.org>, "Julie A. Flynn" <JFlynn@ohauthority.org>, Кенгуру Ксюша Андрейчук <andreychukks@gmail.com>

Oleg:

You've been on the Park South 2 bedroom waitlist since 8/15/16. As of yesterday, you are one of 11 applicants waiting for one of the 5 two bedroom units at that property.

We cannot predict when current tenants will move out, or what priorities new applicants may have. Therefore, it is not possible to know how long it may take for you to reach the top of any waitlist.

You may come to our office to view the waitlist information for all properties, and switch which waitlist you are on anytime.

Brian Wesely

Administrative Intake Clerk

Omaha Housing Authority Public Housing

1805 Harney St., Omaha, NE 68102 (East Entrance)

Fax: 402-546-1069

402-444-3057

www.ohauthority.org

From: Oleg [mailto:oleg.churyumov@gmail.com]

Sent: Monday, January 09, 2017 6:27 PM

To: Brian Wesely

Cc: Dora D. Mesa; Julie A. Flynn; Кенгуру Ксюша Андрейчук

Subject: Re: Omaha Housing Authority: Status of application

Dear Omaha housing authority:
Our family applied for housing in August, 2016.

Since we are waiting for asylum, we still have no job permission and hence no source of income.
Could you please tell, what is the current status of our application and how much time approximately we need to wait?
Please see below details of our application:

Gmail - FW: Omaha Housing Authority: Status of application

Name
Oleg Churyumov
Spouse/Co-Head
Kseniia Churiumova
Address
9755 Mockingbird Drive, apt 38
City
Omaha
State
NE
Zipcode
68127
Country
United States
Home Phone
9175141426
Work Phone
9175141426
Email
oleg.churyumov@gmail.com
Gross Income
0
Income Source
none
of persons in house
3
of Adults
2
of Male Children
0
of Female Children
1
of Bedrooms
1br
First Choice
Timber Creek
Second Choice
Crown Creek
Priority1
Priority2
Priority Veterans
Priority Mobility

Best regards,

Oleg

On Thu, Nov 17, 2016 at 10:39 AM, Oleg <oleg.churyumov@gmail.com> wrote:

Dear Brian
Thank you for your response
We will wait

2/15/2017

Gmail - FW: Omaha Housing Authority: Status of application

On Nov 17, 2016 9:37 AM, "Brian Wesely" <BWesely@ohauthority.org> wrote:

Oleg:

You've been on our waitlist since 8/15/16. Once you get to the top of the waitlist we'll mail you an appointment letter. If you'd like to see how many people are on each waitlist, and possibly change which waitlist you are on, you can come to our office between 8 am and 4:30 pm Monday through Friday (we are closed 11/24 - 11/25 for Thanksgiving) and complete a change form.

We're not able to predict when current tenants will move out, or the priorities new applicants and/or transfers may have. Therefore, we are unable to know how long it may take before you may receive an offer for Public Housing.

Brian Wesely
Administrative Intake Clerk
Omaha Housing Authority Public Housing
1805 Hamey St., Omaha, NE 68102 (East Entrance)
Fax: 402-546-1069
402-444-3057
www.ohauthority.org

—Original Message—

From: Oleg [mailto:oleg.churyumov@gmail.com]
Sent: Thursday, November 17, 2016 9:16 AM
To: contactus
Subject: Omaha Housing Authority: Status of application

This is an enquiry e-mail via <http://www.ohauthority.org/> from:
Oleg <oleg.churyumov@gmail.com>

Dear Omaha housing authority:
Our family applied for housing in August, 2016.
Could you please tell, what is the current status of our application and how much time approximately we need to wait?
Please see below details of our application:

Name

Oleg Churyumov

Spouse/Co-Head

Kseniia Churiumova

Address

9755 Mockingbird Drive, apt 38

City

Omaha

State

NE

Zipcode

68127

Country

United States

Home Phone

2/15/2017

Gmail - FW: Omaha Housing Authority: Status of application

9175141426

Work Phone

9175141426

Email

oleg.churyumov@gmail.com

Gross Income

0

Income Source

none

of persons in house

3

of Adults

2

of Male Children

0

of Female Children

1

of Bedrooms

1br

First Choice

Timber Creek

Second Choice

Crown Creek

Priority1

Priority2

Priority Veterans

Priority Mobility

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2/15/2017

Gmail - FW: Omaha Housing Authority: Status of application

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4401 N 21st Street
Omaha NE 68110
(402) 444-3057

APPLICATION STATUS LETTER

OLEG CHURYUMOV
9755 MOCKINGBIRD DR APT 38
OMAHA, NE 68127

August 15, 2016

Dear Applicant:

The Omaha Housing Authority (OHA) Public Housing Program has received your application for housing and you have completed the first phase of your application process. Based on the information that you have provided on your application and according to Federal Guidelines and OHA Admissions and Occupancy Policy (ACOP) you are eligible for a 2 bedroom apartment home. You have been placed on the public housing waiting list.

We will make every effort to expedite the processing of your application. Please refrain from calling to inquire of the status of your application because this type of inquiry will take time away from staff and the processing of your application. However, it is important that you notify OHA in writing of any changes in your address or telephone number because this is our only way to notify you.

If you have an **outstanding balance** with OHA we will continue to process your application, but your outstanding balance **must** be paid in full within 30 days from the date of this letter. Your name will be dropped from the waiting list, if you do not pay your outstanding balance.

Our records indicate you have a balance of \$ 0. You may make your payment to the Program Integrity Department located at 540 South 27th Street, phone number (402) 444-6900 Ext 256.

Thank you for making application with OHA and we look forward to assisting you with housing.

Sincerely,


Administrative Clerk
Public Housing Program
(402) 444-3057